



## ADMISSION GUIDELINES AND REFERRAL PROCESS DHS INTERIM HOUSING PROGRAM

**DHS INTERIM HOUSING PROGRAM:** Provides temporary short-term shelter in a stable environment to **homeless individuals with complex health and/or mental health conditions**, whose conditions would be exacerbated by living on the streets or in a shelter. On-site services include: shelter, meals, and case management. Some programs may offer additional on-site services, such as medical oversight and health monitoring, mental health and/or behavioral health services, transportation assistance, etc.

### **Admission Guidelines**

- Adult at least 18 years old
- Homeless or living in a place not meant for human habitation
- Have a complex health/mental health condition
- Medically and psychiatrically stable
- Able to self-administer medication
- Independent with all Activities of Daily Living (ADLs) (Bathing/grooming/dressing/feeding/toileting/transferring)
- Independent with mobility/transfers [With safe use of DMEs (Walkers/wheelchairs/assistive devices etc.)]
- Continent of bowel/bladder, or independent of self-care with use of incontinence supplies
- Cognitively able to participate in their plan of care (Alert and oriented to name, place, date and situation)

### **Exclusion Criteria (includes but not limited to the following:)**

1. Unstable or unsafe for hospital discharge
2. Acute care needs requiring daily physician oversight or 24-hour nursing support
3. Has higher level of care needs
  - a. Needs skilled nursing (SNF level care), acute physical rehabilitation services, licensed residential care or 24/7 care and supervision
  - b. Unable/unwilling to self-administer medication
  - c. Unable/unwilling to independently complete ADLs (Bathing/grooming/dressing/feeding/toileting/transferring)
4. Behavior/Cognitive Concerns
  - a. Psychiatrically unstable, danger to self/others, and/or gravely disabled
  - b. Recent combative, aggressive, threatening behavior
  - c. Requires a sitter or physical restraints
  - d. Cognitively impaired (Needs constant supervision/monitoring/re-direction/verbal cues/risk of wandering)
5. Incontinent of Bladder / Bowel **and:**
  - a. Unable to self-care with incontinence supplies (Adult briefs/diapers/catheter/colostomy bags etc.)
6. Wound/Ulcers that require SNF level care or more than 2 dressing changes/day

### **Additional Considerations**

1. Withdrawal / Detox
  - a. Individuals who are actively withdrawing/detoxing should be stabilized prior to being transferred.
2. Lice / Scabies
  - a. Notify HFH of any infestation to ensure proper precautions are taken and medications are available upon arrival.
  - b. All belongings that may be infested should either be disposed, or be double-bagged and labeled appropriately prior to being transferred to interim housing.
3. Emotional Support & Service Animals
  - a. Service animals are permitted at interim housing.
  - b. Documentation detailing vaccination records should be available for review. A provider note for Emotional Support animals may be requested.
4. Acute medical conditions
  - a. For referrals directly from medical facilities or regarding communicable disease, please see the "Addendum for Medical Facility Discharges" with details on communicable conditions, wounds, IV medications, etc.



## ADMISSION GUIDELINES AND REFERRAL PROCESS DHS INTERIM HOUSING PROGRAM

### **DHS Referral Packet Preparation Process\*:**

1. Please refer to the *DHS Referral Checklist for Interim Housing* to help ensure submission of a complete application and all requested supporting documentation. Incomplete referral packets may cause delays in processing the referral.
2. Referring agency staff should complete:
  - a. **LAHSA/DHS/DMH Referral Form for Bridge/Interim Housing Program**
  - b. **Supplemental Form for DHS Interim Housing (Attachment A)**
  - c. To assist in tracking the referral, please be sure the referring agency, program name, and contact information for the referring staff and the client are written clearly on these referral forms.
3. Client must complete, sign and date the appropriate authorization form for DHS interim housing:
  - a. DHS Interim Housing: the **DHS' Housing for Health Authorization for Use and Disclosure of Protected Health Information Form** ("Los Angeles County + USC Medical Center" is cited across the top of this form)
  - b. DMH Interim Housing: **DMH's Authorization for Use and Disclosure of PHI Form**.
4. If referred by a medical, mental health and/or behavioral health facility, **additional supporting documentation** is required for DHS Interim Housing Program:
  - a. **Supporting documentation** includes, but is not limited to, the client's face sheet, medication list, history & physical, recent progress notes from the MD/Provider and the PT/OT/Psychiatrist, discharge planning notes, follow-up appointments, and other pertinent information for placement considerations.

*\* If you are a Los Angeles County DHS (LAC DHS) hospital, facility, or DHS ICMS or ODR provider you should NOT make referrals using this application process. Please use the full, online CHAMP application process to submit a referral for DHS interim housing. For information on CHAMP trainings for new users, please contact the HFH Access, Referral and Engagement (ARE) Team at [InterimHousing@dhs.lacounty.gov](mailto:InterimHousing@dhs.lacounty.gov).*

### **DHS Submission Process:**

1. Submit the completed referral packet to the designated staff at DHS or DMH as per the *Referral Submission Instructions* described on page 3 of the **LAHSA/DHS/DMH Referral Form for Bridge/Interim Housing**.
2. DHS staff will contact the referring agency to confirm receipt of the client's DHS or DMH interim housing referral packet within two business hours.
3. DHS staff will contact the referring agency within one business day (contingent upon volume of referrals received) to notify them if the referral packet is: a) complete, b) incomplete and what additional documentation is required, or c) if DHS staff require additional time to review.

### **Interim Housing Admission Process:**

1. After the referral has been accepted by an interim housing provider:
  - a. **Date and Time of Arrival:** The referring agency **MUST** coordinate the client's date and time of arrival with the interim housing facility **prior** to transporting client to the facility.
  - b. **Intake Hours:** The accepted client must arrive at the interim housing facility between 8:00am -3:00pm for admission. Exceptions to the established arrival time may be made on a case-by-case basis with the accepting interim housing facility.
  - c. **Transportation:** Referring agency or hospitals/other facilities are responsible for client transportation to the approved interim housing facility.
  - d. **Medications/Supplies:** Referring agency must ensure clients accepted to an interim housing facility have a thirty (30) day supply of medication(s) and Durable Medical Equipment (DMEs) and any other needed assistive devices at the time of arrival.
  - e. **Note for Medical Facilities:** If the client has been accepted to a DHS/DMH interim housing facility and it is determined post-arrival that the client is not appropriate for the program or did not arrive with their required medications or the necessary DMEs, the client may be returned to the referring medical facility within forty-eight (48) hours of the patient's arrival to interim housing.